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Country programme recommendation**

Mauritania

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme for Mauritania for the period 2002 to 2008 in the amount of $7,666,000 from regular resources, subject to the availability of funds, and $12,000,000 from other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The original country note provides only indicative figures for estimated programme cooperation. The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2002. They will be contained in the summary of 2002 programme recommendations to be funded from regular resources and other resources (E/ICEF/2002/P/L.36).

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The situation of children and women

1. Although the situation of children and women in Mauritania described in the country note submitted to the Executive Board at its first session of 2002 (E/ICEF/2002/P/L.7) is still current, new statistics are available. The final results of the population and health survey confirm that infant mortality fell from 144 per 1,000 live births in 1991 to 118 in 1995 and to 74 in 2000. However, an additional study is planned for June 2003 and therefore caution should be exercised when assessing the real magnitude of that reduction. The maternal mortality rate remains very high (747 per 100,000 live births), explicable in part by the inability to meet emergency obstetrics needs (34 per cent). The national HIV/AIDS survey of 4,755 pregnant women shows an average seroprevalence of 0.52 per cent; 3 regions have reached the 1 per cent threshold and in Nouakchott the rate is 0.33 per cent.

2. In its consideration of Mauritania's initial report in 2001, the Committee on the Rights of the Child recommended: increasing budgetary allocations for children, establishing an ombudsman or a commission for children and a data collection system consistent with the Convention on the Rights of the Child. The Committee emphasized that priority treatment should be given to child and maternal health, basic education, early childhood, adolescents and HIV/AIDS prevention, disabled children and female heads of household and action to combat disparities, discrimination and harmful practices.

3. The permanent survey of households' living conditions shows that poverty declined over the last decade but still remains acute. The proportion of the population living below the poverty line decreased from 57 per cent in 1990 to 46 per cent in 2000 (25 per cent in urban areas, 61 per cent in rural areas). Households included in the qualitative poverty survey (2001) stated that it was increasingly difficult to endure poverty. As priority strategies to combat it, they suggested: developing income-generating activities, supporting community organization, training and education, promoting social justice and developing basic social services.

Programme cooperation, 1999-2002

4. The programme has contributed to strengthening the baseline data on the situation of children and women through contributing to the main end-of-decade surveys (population and health survey, survey of households' living conditions, HIV/AIDS survey). The results of these surveys, disaggregated by gender, age and region, provide a baseline situation for the new programme. Participation in the 20/20 Initiative and preparation of the Poverty Reduction Strategy Paper (PRSP) have facilitated the redirection of debt relief resources to the social sectors. The World Summit for Children objectives of universal access to basic education and eradication of dracunculiasis are well on the way to being achieved. The eradication of poliomyelitis is within reach, but a case of poliomyelitis due to wild polio virus was confirmed in 2001. Tangible progress has been made in the area of routine immunization.

5. The formulation of a national plan of action on human rights confirms the adoption of the rights-based approach as a programming axis. Advocacy and technical collaboration contributed to the submission of the initial report to the

Committee on the Rights of the Child, the ratification in 2000 of the Convention on the Elimination of All Forms of Discrimination against Women and the preparation of the initial report on the follow-up to that Convention. Significant efforts have also been made to initiate a national children's movement and to strengthen the role of civil society, including young people, in advocacy and implementation and monitoring of actions.

6. In the area of special protection, the programme has enhanced awareness of the situation of children in conflict with the law, young female domestics and child beggars. Specific activities targeting those groups are on the increase, as a result of strengthened governmental attention and dynamic partnerships with national and international non-governmental organizations and several bilateral cooperation agencies. There is still insufficient awareness and assistance with regard to certain groups (disabled children, abandoned or orphaned children, child workers).

7. Results have been achieved in several other areas. The installation of 36 fire hydrants serving almost 40,000 people in the poor neighbourhoods of Nouakchott has led to a 70 per cent reduction in the cost of water and a 40 per cent increase in water consumption in the households served; the experimental project was approved by the Government and adopted by the partners (World Bank and French cooperation agency). The programme supported the creation of 13 Nissa Banks (providing community microcredit for groups of disadvantaged women) which have helped more than 70,000 women by funding over 670 microprojects to date. These banks have become a favoured entry point for information and mobilization concerning priority actions: promotion of the two Conventions, immunization, nutrition and weaning, education of girl children, reproductive health, action to combat HIV/AIDS and harmful practices. The initially experimental sanitary, hygienic and green community schools approach developed in 120 locations has now been adopted as a national strategy.

Lessons learned from previous cooperation

8. In addition to the lessons described in the country note regarding the recommendations of the mid-term review, the rapid achievement of the objectives of the World Summit for Children and the strategic repositioning within the context of the sectoral reforms, the programme reviews identified certain limitations: (a) limited capacity to absorb development aid accentuated by the fact that the decentralized structures (regions and communes) are still not working properly; (b) low salaries and difficult working conditions, particularly in rural areas, and their impact on staff motivation and mobility and quality of activities; (c) difficulties in timely accounting for the use of financial resources; and (d) weakness of results evaluation mechanisms. The response to these limitations has informed certain strategic choices within the future programme: decentralization, geographical concentration, strengthened technical assistance and evaluation networks.

9. The increased attention paid to the quality of reports and their regular transmission to donors during the period 1999-2002 has enabled the programme to benefit from strengthened and diversified financial support from bilateral donors (the Governments of France, Japan, the Netherlands, Norway and Spain), UNICEF National Committees (Canada, France, Germany, Japan, San Marino, Spain, Switzerland, United States) and several public and private foundations (the World

Association of Children's Friends, the American Centers for Disease Control and Prevention, Kiwanis). Thanks to the United Nations Foundation, United Nations agencies have set up joint programmes on school enrolment for adolescent girls and quality of maternal health care. In order to secure the continuing support of these partners, these approaches will be pursued and project visits will be encouraged.

Recommended programme cooperation, 2003-2008

Regular resources: 7,666,000 dollars

Other resources: 12,000,000 dollars

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	2 050	4 650	6 700
Education for all	1 810	4 200	6 010
Promotion of rights and special protection	1 170	1 500	2 670
Support for local development and community participation	1 260	1 500	2 760
Social planning, follow-up and evaluation	720	150	870
Intersectoral costs	656	-	656
Total	**7 666**	**12 000**	**19 666**

[a] A breakdown of planned yearly expenditures is given in table 3.

Country programme preparatory process

10. The duration of the programme (six years) represents an attempt to coordinate agencies' cycles and the triennial reviews of the PRSP. The programme elaborated is the fruit of a dialogue between the Government, civil society, non-governmental organizations (NGOs) and the partner agencies. In July 2001, a workshop based on the Common Country Assessment consolidated the situation analysis and formulated the strategy adopted at the meeting of 17 September in Nouakchott. The country note was submitted to the Executive Board in January 2002 and the United Nations Development Assistance Framework (UNDAF) was finalized in February 2002. The UNDAF was the basis for the preparation of the country programme operations framework. The workshop for the development of the programme's logical framework consolidated the objectives, expected results, proposed activities and partnerships.

Aims and objectives of the country programme, 2003-2008

11. The country programme will help to achieve the national objectives with respect to the survival, development, protection and participation of children in Mauritania. The focus will be on achieving the targets in the areas of child

immunization, enhancing the quality of education, integrated development of young children, efforts to combat HIV/AIDS and special protection of children, in accordance with the thrust of the UNICEF medium-term strategic plan. Three general objectives will be pursued: (a) ensuring that all young children have a good start in life through integrated care and an environment favouring balanced development; (b) offering all children the opportunity for comprehensive, quality basic education; and (c) promoting the creation of a protective environment conducive to participation by children, adolescents and women, particularly the most vulnerable, in the life of their society.

Linkages with national and international priorities

12. The programme helps to promote and ensure respect for all the rights of children and women, in accordance with the Conventions ratified by Mauritania. It also takes account of the strategic orientations of the document *A world fit for children* and the recommendations of the Committee on the Rights of the Child, follow-up of which will be conducted by an inter-ministerial committee.

13. At the national level, a sustained effort has been made to achieve optimal integration of the programme in the PRSP and the health and education sector reforms, which are aimed at reducing disparities, ensuring access to basic social services, achieving decentralization and increasing participation by civil society. UNICEF is contributing to the implementation of the UNDAF through planned joint interventions in the areas of school enrolment of adolescent girls, action to combat HIV/AIDS and harmful practices, child and maternal health and collection and analysis of social data.

Programme strategy

14. The programme will give sustained attention to children and to the most vulnerable groups, as well as to reducing disparities and discrimination. In order to contribute significantly to poverty reduction, but also to ensure the continuity of current activities and to achieve more measurable results and synergy with the other United Nations system agencies, the programme will focus on four of the five poorest regions in 2000 — Brakna, Assaba, Gorgol and Guidimakha — and on certain disadvantaged peri-urban districts of the cities of Nouakchott and Nouadhibou. It will thus cover about 45 per cent of the total population. The incorporation of cross-sectoral issues, such as the integrated development of young children, HIV/AIDS prevention, promotion of equality between the sexes, communication in support of behaviour changes and collection of data on children and women, will be facilitated by the establishment of intersectoral coordination mechanisms at the regional and local levels and by the strengthening of community participation.

15. Several activities will apply nationwide; others will be implemented on a priority basis in the programme's target regions. Some activities at the local level will focus on more limited areas in the target regions, depending on complementary criteria (disparities, community dynamic, development of existing infrastructure). Nationwide programmes and the increasing involvement of civil society through the national movement for children will enable synergies and alliances to be

strengthened. The inter-agency contingency plan for emergencies will be updated regularly in the light of the major known risks in Mauritania.

16. The country programme is made up of five programmes: health and nutrition; education for all; promotion of rights and special protection; support for local development and community participation; and social planning, follow-up and evaluation. The last two are cross-sectoral programmes. Cross-sectoral funds will cover recurring support staff costs and office operating costs.

17. The **health and nutrition programme** consists of four projects and forms part of the reform of that sector. At the national level, it will support the Expanded Programme on Immunization (EPI), poliomyelitis and dracunculiasis eradication and efforts to combat iodine and vitamin A deficiency. In the target regions, it will support health services, NGOs and communities in planning and implementing minimum packages of preventive, curative and promotional activities at different levels for integrated treatment of childhood illnesses, action to combat malaria, malnutrition and micronutrient deficiencies, and maternal and neonatal health. In coordination with the other programmes, it will contribute to HIV/AIDS prevention efforts.

18. The EPI "plus" project, in collaboration with the World Health Organization (WHO), Rotary International and the Centers for Disease Control (CDC), will be aimed at: eradicating poliomyelitis by 2005; increasing the coverage rate for three doses of the combined diphtheria/pertussis/tetanus vaccine to 90 per cent (40 per cent in 2000) and the proportion of fully immunized children to 70 per cent (25 per cent in 2000) and maintaining those levels; and providing adequate vitamin A supplementation to 70 per cent of children by 2008. In the four target regions, the maternal and child health and HIV/AIDS project, in collaboration with the United Nations Population Fund (UNFPA), WHO, the International Labour Organization (ILO), the United Nations Foundation, and the NGOs Association mauritanienne pour la famille (AMPF), World Association of Children's Friends (AMADE) and "Stop SIDA", will contribute to: provision of quality essential obstetric care to 60 per cent of women and newborns; testing of microinsurance for sharing costs associated with obstetric risks; provision of preventive and curative health care to 70 per cent of children under 5; and efforts to prevent mother-to-child transmission of HIV and to organize reproductive health services for young people. It will support two regional hospitals accepting referrals, 150 primary health-care facilities and the NGOs, associations and community networks in situ.

19. The community health and malaria control project will work with WHO, UNFPA, Global 2000, World Vision International and the national NGO network in the same regions and in a coordinated fashion to: ensure that 60 per cent of children under 5 and pregnant women use impregnated mosquito nets, 90 per cent have permanent access to anti-malarial drugs and 70 per cent of pregnant women have received adequate chemoprophylaxis; eradicate dracunculiasis by 2005; and make available a minimum package of essential activities and community-based integrated epidemiological monitoring in the most outlying areas through the reinforcement of the network of health stations and of the 900 volunteers already in situ. The nutrition project, in collaboration with the World Food Programme, the Community Nutrition Programme in Mauritania and the NGO network (including AMPF, Caritas, the Lutheran World Federation and World Vision International) and with financing from the World Bank, will contribute in the target regions to: reducing by

20 per cent the rate of protein energy malnutrition in children aged 3 years or under through the promotion of exclusive breastfeeding, active testing for cases of malnutrition and preparation and use of food supplements in families; and increasing the level of consumption of iodized salt from 2 to 85 per cent (60 per cent at the national level). It will support 22 nutrition rehabilitation facilities and about 100 community feeding centres in which early childhood stimulation will be conducted simultaneously in collaboration with the early childhood development programme.

20. The **education for all** programme will be implemented as part of the sectoral reform process within the national plan for education sector development, insofar as it focuses on early childhood and basic education. The development of the young child project will aim to promote community initiatives and parent education for early childhood care, with a special focus on stimulation and psychosocial and emotional development. It will support six early childhood regional networks and some 120 community care centres, where hygiene and nutrition-related activities will be developed in tandem. The project will also ensure that the system of programmes and projects contributes to the promotion of an environment favourable to the integrated development of the young child pursuant to the national early childhood policy prepared in 2002 with UNICEF support. The formal and non-formal "quality basic education" project will help advance the national objectives of increasing the gross school enrolment rate from 86 per cent in 2000 to 95 per cent in 2008 and eliminating remaining disparities between girls and boys in primary education and in the first cycle of secondary education by 2015.

21. In the programme's four target regions, the two projects will contribute towards: (a) implementing experimental approaches for integrated early childhood development in 120 localities by 2005, with a focus on the family and communities; (b) raising net primary school enrolment from 63 per cent to 75 per cent by 2008 through support to 500 sanitary, hygienic and green community schools; (c) reducing from 64,000 to 10,000 the number of non-enrolled children of school age; (d) promoting the creation of on-site conversion courses to ease the transition from traditional schooling (mahadras) to formal education within the sanitary, hygienic and green community schools; (e) increasing the proportion of girls attaining the sixth year of basic education from 58 to 70 per cent; (f) increasing the proportion of girls enrolled in the first year of secondary education from 1,200 in 2001 to 3,000 by 2008. The second, third, fifth and sixth objectives have been disaggregated by sex and made specific to the target region. Special attention will be given to enhancing educational content, knowledge assessment, teacher supervision, and pupil and parent association participation and to creating remedial mechanisms for previously non-enrolled children and dropouts. Strategic partnerships are in place with: (a) the World Bank and the African Development Bank covering the areas of early childhood, traditional schooling, support for institution projects (primary schools) and hygiene infrastructure (latrines, drinking water sources); (b) the World Food Programme (school canteens) and the United Nations Food and Agriculture Organization (school gardens); (c) the United Nations Development Programme, the United Nations Population Fund, the World Health Organization and the United Nations Foundation covering the area of young girls' education, within the framework of UNDP.

22. The **promotion of rights and special protection programme** comprises two projects. The promotion of rights project will support the leadership and operation of the national movement for children. At the national level, special attention will be

given to strengthening the operational capacities of the main existing networks for promoting children's rights, namely the National Council for Children, the Mauritanian Parliamentary Group for Children, the Mauritanian mayors' "children's ombudsmen" initiative, the Journalists Defenders of Children and Women Association and the Thematic Group on Children of the NGO CyberForum. In the target regions, it will promote implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in all communities by mobilizing NGOs and youth and women's networks and associations. The special child protection project will aim: (a) to promote an enabling national environment for child protection, especially of the most vulnerable children, by introducing the necessary policies, legislation and public services; (b) to identify and mobilize assistance for all children requiring special protection measures; (c) to eliminate the worst forms of child labour and improve the living conditions of child workers. In the six regions and two towns targeted, the project will identify children requiring special protection measures and raise awareness of their needs. It will provide support for initiatives in support of children lacking a parental context, AIDS orphans, children in conflict with the law, children with disabilities and victims of child abuse and exploitation, with a view to strengthening the relevant services (centres for detained minors, child protection centres, shelters, structures and associations providing specialized supervision). The aim is to strengthen technical and financial collaboration with non-governmental organizations, both international (Caritas, Terre des Homes, the Spanish, French and Italian Red Cross Societies) and national (Child Development Association, Women-Solidarity-Development Networks, Living Earth, the Mariem Diallo and Silatou Rahim Institutes) and to enhance participation in the HURIST programme seeking to promote a human rights culture.

23. The **support for local development and community participation programme** has a cross-cutting objective and will play a catalytic role in articulating and implementing activities in the target regions, by strengthening local planning capacities, mobilization and participation of young people and women, and efforts to effect a change in social behaviour. The programme consists of two projects. The essential urban/rural social services project for children will use improved hygiene and water/sanitation facilities as a tool for improving response to the problems of children in urban environments. It will also strengthen community planning capacities benefiting children. The project will contribute to: (a) improving access to basic social services of approximately 50,000 households in slum neighbourhoods in Nouakchott, Nouadhibou and four other small towns by monitoring water quality, promoting the use of more modern latrines, implementing primary waste collection systems and strengthening three existing integrated development vectors (basic social services); (b) strengthening local planning capacities and participatory management mechanisms in four regions and 12 communes by drafting regional and communal development plans for children and monitoring their implementation.

24. The participation of women and young people project will help: (a) promote the acquisition of basic skills by 25,000 young people by supporting approximately 100 youth associations and networks, 500 association leaders and 40 youth care structures and non-governmental organizations; (b) strengthen knowledge, capacities and access to microcredit for approximately 100,000 members of women's organizations by supporting women's cooperatives and 20 non-governmental

organizations, strengthening the 13 existing Nissa Banks and creating three new ones; (c) ensure that 90 per cent of young people aged from 15 to 24 and women aged from 15 to 49 know how to protect themselves against HIV/AIDS and cause 60 per cent to change their behaviour. The project will promote responsible behaviour and encourage efforts to combat harmful practices by strengthening capacities and extending existing local communication structures and networks, including three rural radio stations, 17 interpersonal communication networks and leaders of non-governmental organizations and associations. Priority will be given to parent education in integrated early childhood development and to dissemination of the "Be savvy, be safe" message to children and families. Existing partnerships with the Mauritanian Scouts and Guides Association (youth), UNDP, the African Development Bank, Oxfam, the United States Peace Corps (microcredit), the German cooperation agency (community planning) and the World Bank, the French cooperation agency and non-governmental organizations active in urban development and environmental sanitation will be enhanced.

25. The **social planning, follow-up and evaluation programme** consists of a single project divided into two sub-projects. The social statistics sub-project will support the Ministry of Economic Affairs and Development, the National Statistics Office and information collection and user services in the target regions, with a view to improving the availability, quality and analysis of data needed to follow up the realization of rights and the situation of children and women. The programme will contribute to strengthening and maintaining the georeferenced social database ("Childinfo") and will assist in the follow-up of Millennium development goals and the medium-term strategic plan. It will also aid periodic assessment of the PRSP and will provide support to the 20/20 Initiative national follow-up committee by ensuring that child-related dimensions are taken into account. At target region level, it will reinforce the newly created regional planning and follow-up units. The planning, follow-up and evaluation sub-project will receive direction from the coordination and follow-up unit for the Mauritania-UNICEF cooperation programme at the level of the Directorate for Social Development. It will give special attention to implementation of the integrated plan for follow-up and evaluation to ensure improved evaluation of operational impact and effectiveness and to update the programme's logical framework.

Follow-up and evaluation

26. In addition to the follow-up and evaluation activities enumerated for the above-mentioned project, the following studies and evaluations will be organized before the mid-term review in 2005: quality of learning in the sanitary, hygienic and green community schools; integrated early childhood approach; situation of children with disabilities; and participation in the population and health survey planned for 2005. Special attention will be given to regular follow-up of an array of disaggregated indicators to ensure optimal follow-up of the five priorities in the UNICEF medium-term strategic plan. Support for the establishment of national evaluation networks and enhanced collaboration with academia will pave the way for more child-related or programme implementation-related research, studies and evaluations.

Collaboration with other partners

27. The programme will continue to expand partnership with civil society (elected representatives, non-governmental organizations and associations) by seizing the momentum generated by the national movement for children. In the context of the PRSP, sectoral reform and the UNDAF, complementarity with multilateral and bilateral partners will be enhanced by means of thematic groups (on good governance, health, education and the environment) and mechanisms for joint planning, review and evaluation. Partnership and direct execution by non-governmental organizations will be promoted, with special attention given on the one hand to non-governmental organizations able to mobilize and support national non-governmental organization networks and, on the other hand, to those possessing expertise and proven operational capacity to strengthen programme implementation in a specific area.

Programme management

28. The programme planning and monitoring unit within the Directorate for Social Development — which is also responsible for coordinating UNDP and UNFPA country programmes — will be responsible for country programme coordination. The sectoral ministries and departments concerned will be responsible for annual planning, implementation and follow-up and for financial justification of activities under the various programmes and projects. The programme will support the gradual transfer of technical and financial responsibility to the regional services involved, as well as partner communes. It will be executed in accordance with an annual plan of action prepared and signed at the beginning of each year. The programme's regular resources will be used on a priority basis for (a) implementation of the five priority areas of the medium-term strategic plan; (b) funding activities for the testing and justification of strategic approaches proposed by the Government. Other resources will be used to replicate these activities in all the programme's target regions.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Mauritania	(2000 and earlier years)			UNICEF country classification
Under-five mortality rate	183		(2000)	Very High U5MR
Infant mortality rate	120		(2000)	Very High IMR
GNI per capita	$ 370		(2000)	Low GNI
Total population	2.7	Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	55	67	88	117
Infant deaths (under 1)	(thousands)	8	8	11	14
(per 1,000 live births)					
Under-five deaths	(thousands)	14	12	16	21
Under-five mortality rate		250	175	183	183
(per 1,000 live births)					
Infant mortality rate (under 1)		150	118	120	120
(per 1,000 live births)					

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	47	23
(% weight for age, 1990-91/1996)	Severe	..	9
Babies with low birth weight		..	..
(%)			
Primary school children reaching		75	66
grade 5 (%, 1989/1997)			

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1996)	..	60
Timely complementary feeding rate (6-9 mos.) (%, 1996)	..	64
Continued breast-feeding rate (20-23 mos.) (%, 1996)	..	59
Prevalence of wasting (0-59 mos.) (%, 1990-91/1996)	16	7
Prevalence of stunting (0-59 mos.) (%, 1990-91/1996)	57	44
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	83
Household consuming iodized salt (%)	..	3

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%)		..	..
Routine EPI vaccines financed by government (%, 1999)		..	100
Use of improved drinking water sources	Total	37	37
(% of population, 1990/2000)	Urban/rural	34/40	34/40
Use of improved sanitation facilities	Total	30	33
(% of population, 1990/2000)	Urban/rural	44/19	44/19
Births attended by skilled personnel		40	..
(%, 1990-91)			
Maternal mortality rate		550	..
(per 100,000 live births, 1980)			
Antenatal care coverage		48	..
(%, 1990-91)			
Adult HIV prevalence rate		..	0.52
(%, 1999)			

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	57	74	79	80	75
	DPT	19	27	33	55	40
	Polio	18	16	33	56	44
	Measles	45	41	38	67	62
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

TABLE 1 (continued)

Mauritania

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net)	Total	67/47	../54 b/
(%, 1993/1996)	Male	74/52	../55 b/
	Female	60/43	../53 b/
Secondary enrolment ratio (gross/net)	Total	14/..	16/..
(%, 1990/1995)	Male	19/..	21/..
	Female	9/..	11/..
Adult literacy rate, 15 years & older	Total	35	40
(%, 1990/2000)	Male/Female	46/24	51/29
Radio/television sets		144/23	146/25
(per 1,000 population, 1990/1997)			

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	1221	1551	1992	2665	3577
Population aged 0-18 years	(thousands)	598	774	1024	1353	1812
Population aged 0-5 years	(thousands)	214	277	353	470	625
Urban population (% of total)		13.7	27.4	43.5	57.7	66.3
Life expectancy at birth	Total	42	46	49	51	55
(years)	Male	41	45	47	50	54
	Female	44	48	51	53	57
Total fertility rate		6.5	6.4	6.2	6.0	5.5
Crude birth rate (per 1,000 population)		45	43	44	44	41
Crude death rate (per 1,000 population)		22	19	17	15	12

		About 1990	Most recent
Contraceptive prevalence rate		3	8
(%, 1990/2000-01)			
Population annual growth rate	Total	2.4	2.9
(%, 1970-90/1990-99)	Urban	8.2	5.7

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate		0.8	1.4
(%, 1960-90/1990-2000)			
Inflation rate (%, 1985-92/1990-2000)		7	6
Population below $1 a day (%, 1995)		..	29
Household income share	Top 20%/bottom 40%	47/15	44/10
(%, 1988/1995)			
Government expenditure	Health/education	../..	../..
(% of total expenditure)	Defense	..	..
Household expenditure	Health/education	../..	../..
(% share of total)			
Official development assistance:	$US millions	229	219
(1990/1999)	As % of GNI	23	22
Debt service			
(% of goods and services exports (1990/1999)		24	24

b/Survey data.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1999 - 2002 a/

COUNTRY: MAURITANIA
LATEST BOARD APPROVAL: 1998
REGULAR RESOURCES: $ 4,301,000

(In thousands of United States dollars)

Programme Sectors/Areas	TOTAL					
	Regular resources		Other resources		Total (RR & OR)	
	Actual	Planned b/	Actual	Planned b/	Actual	Planned b/
Children's and women's survival	1,547	1,890	3,115	5,945	4,662	7,835
Children's and women's development	997	1,095	1,066	3,330	2,063	4,425
Protection, participation and promotion	897	887	202	1,507	1,099	2,394
Cross-cutting costs	431	429		-	431	429
GRAND TOTAL	3,872	4,301	4,383	10,782	8,255	15,083

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 31 May 2002.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MAURITANIA
PROGRAMME CYCLE : 2003-2008

	FUND	2003	2004	2005	2006	2007	2008	TOTAL
HEALTH & NUTRITION	RR	340,000	340,000	340,000	340,000	345,000	345,000	2,050,000
	OR	760,000	850,000	856,000	825,000	779,000	580,000	4,650,000
	TOTAL	1,100,000	1,190,000	1,196,000	1,165,000	1,124,000	925,000	6,700,000
EDUCATION FOR ALL	RR	300,000	300,000	300,000	300,000	305,000	305,000	1,810,000
	OR	600,000	635,000	780,000	780,000	730,000	675,000	4,200,000
	TOTAL	900,000	935,000	1,080,000	1,080,000	1,035,000	980,000	6,010,000
PROM. OF RIGHTS/ SPECIAL PROTECT.	RR	195,000	195,000	195,000	195,000	195,000	195,000	1,170,000
	OR	250,000	275,000	275,000	250,000	250,000	200,000	1,500,000
	TOTAL	445,000	470,000	470,000	445,000	445,000	395,000	2,670,000
LOCAL DEV. & COMM. PARTICIPATION	RR	210,000	210,000	210,000	210,000	210,000	210,000	1,260,000
	OR	225,000	300,000	300,000	300,000	225,000	150,000	1,500,000
	TOTAL	435,000	510,000	510,000	510,000	435,000	360,000	2,760,000
SOCIAL PLANNING, MONIT. & EVAL	RR	120,000	120,000	120,000	120,000	120,000	120,000	720,000
	OR	20,000	30,000	50,000		50,000		150,000
	TOTAL	140,000	150,000	170,000	120,000	170,000	120,000	870,000
CROSS-SECTORAL COSTS	RR	111,000	113,000	113,000	113,000	103,000	103,000	656,000
	OR							
	TOTAL	111,000	113,000	113,000	113,000	103,000	103,000	656,000
TOTAL, PROGRAMME BUDGET	RR	1,276,000	1,278,000	1,278,000	1,278,000	1,278,000	1,278,000	7,666,000
	OR	1,855,000	2,090,000	2,261,000	2,155,000	2,034,000	1,605,000	12,000,000
	TOTAL	3,131,000	3,368,000	3,539,000	3,433,000	3,312,000	2,883,000	19,666,000
STAFF COSTS a/		517,213	545,196	567,345	593,503	617,472	642,570	3,483,299
GENERAL OPERATING COSTS		319,719	293,403	276,233	293,206	269,870	273,561	1,725,992
TOTAL, ESTIMATE SUPPORT BUDGET		836,932	838,599	843,578	886,709	887,342	916,131	5,209,291
GRAND TOTAL		3,967,932	4,206,599	4,382,578	4,319,709	4,199,342	3,799,131	24,875,291

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MAURITANIA
PROGRAMME:2003-2008

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH & NUTRITION	2,050,000		2,050,000	0	0	0	0	0	0	0	3	1	4	0	503,890	503,890
EDUCATION FOR ALL	1,810,000		1,810,000	0	0	0	0	0	0	0	1	1	2	97,572	176,785	274,357
PROM. OF RIGHTS/ SPECIAL PROTECT	1,170,000		1,170,000	0	0	0	0	0	0	0	1	1	2	0	217,949	217,949
LOCAL DEV. & COMM. PARTICIPATION	1,260,000		1,260,000	0	0	0	0	0	0	0	1	0	1	0	127,666	127,666
SOCIAL PLANNING, MONIT. & EVAL	720,000		720,000	0	0	0	0	0	0	0	1	1	2	0	240,105	240,105
CROSS-SECTORAL COSTS	656,000		656,000	0	0	0	0	0	0	0	1	4	5	0	256,109	256,109
TOTAL RR	7,666,000		7,666,000	0	0	0	0	0	0	0	8	8	16	97,572	1,522,504	1,620,076
OTHER RESOURCES :																
HEALTH & NUTRITION		4,650,000	4,650,000	0	0	0	0	0	0	0	1	2	3	0	270,595	270,595
EDUCATION FOR ALL		4,200,000	4,200,000	0	0	0	0	1	0	1	0	1	2	567,105	30,490	597,595
PROM. OF RIGHTS/ SPECIAL PROTECT		1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
LOCAL DEV. & COMM. PARTICIPATION		1,500,000	1,500,000	0	0	0	0	0	0	0	2	1	3	0	301,607	301,607
SOCIAL PLANNING, MONIT. & EVAL		150,000	150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		12,000,000	12,000,000	0	0	0	0	1	0	1	3	4	8	567,105	602,692	1,169,797
TOTAL RR & OR	7,666,000	12,000,000	19,666,000	0	0	0	0	1	0	1	11	12	24	664,677	2,125,196	2,789,873
SUPPORT BUDGET	Operating costs		1,725,992													
	Staffing			0	0	1	1	1	0	3	3	8	14	2,556,825	926,474	3,483,299
GRAND TOTAL (RR + OR + SB)				0	0	1	1	2	0	4	14	20	38	3,221,502	3,051,670	6,273,172
	Number of posts and staff costs:															
	Current programme cycle									4	14	18	36			
	At the end of proposed programme cycle (indicative only)									4	14	20	38	3,221,502	3,051,670	6,273,172

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.